FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instructio	ns)		Office use only
NAME OF COMMITTEE (in f	full) X	(Check if name is changed)	Example: If typying, over the lines	type 12FE4M5	
United States	Telecom Associa	ation Political A	ction Committee (TE	LECOMP-	
	11111				
ADDRESS (number and s	street) 607	14th Street Nort	hwest		
(Check if address is changed)	ess	e,400 hington			20005
COMMITTEE'S E-MAI	L ADDRESS		CITY▲	STATE▲	ZIP CODE 📥
telecompac@u	ustelecom.org		1 1 1 1 1 1 1 1		
	11111		1 1 1 1 1 1 1	111111	
COMMITTEE'S WEB	PAGE ADDRESS (U	IRL)			'
	11111	11111	1 1 1 1 1 1 1 1		
 [11111			
2. DATE M M M 1.2		Ž 0 0 6			
3. FEC IDENTIFICA	TION NUMBER		C C00000984		
4. IS THIS STATEM	IENT NEV	V (N) OR	X AMENDE	D (A)	
I certify that I have examin	ned this Statement and	I to the best of my kno	wledge and belief it is true,	correct and complete	
Type or Print Name of	Treasurer	Edward Merlis			
Signature of Treasurer	Electronically File	ed by Edward M	erlis	Date 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	1 18 7 2006
NOTE: Submission of fal				this Statement to the pena	_
Office Use Only			For further info Federal Election Toll Free 800-42	24-9530	FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)			
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)			
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the can information below.)	didate		
	Name of Candidate			
	Party Affiliation Sought: House Senate President	State		
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate			
	(d) This committee is a (National, State (or subordinate) committee of the Republican, etc.) Party (e) X This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.			
6.	Name of Any Connected Organization or Affiliated Committee United States Telecom Association			
L				
	Mailing Address 607 14th Street Northwest			
	Suite 400			
	Washington DC 2000	95]		
	CITY▲ STATE▲ ZI	P CODE A		
	Relationship Connected			
	Type of Connected Organization:			
	Corporation Corporation w/o Capital Stock Labor Organization			
	Membership Organization X Trade Association Cooperative			

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V	Vrite or Type Committee Name		(==================================				
		Association Political Action Comm					
 Custodian of Records: Identify by name, address, (phone number optional), and position of the person possession of Committee books and records. 			the person in				
	Full Name Edwar	d Merlis					
	Mailing Address	607 14th Street North	west				
		Suite 400					
		Washington	DC	20005			
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A			
	Senior VF		Telephone number	326 7291			
3.	name and address of any	e and address (phone number option y designated agent (e.g., assistant tree rd Merlis	nar) of the treasurer of the commasurer).	mittee; and the			
	Mailing Address	607 14th Street North	607 14th Street Northwest				
		Suite 400					
		Washington	DC	20005			
	Title or Position ♥	CITY A	STATE	ZIP CODE A			
	Treasurer	<u>, </u>	Telephone number 202				
	Full Name of Designated Agent						
	Mailing Address						
	Title or Position ♥	CITY A	STATE A	ZIP CODE A			

Telephone number

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 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, safety deposit boxes or maintains funds. Name of Bank, Depository, etc. 			s, rents
	Mailing Address	United Bank 1875 Eye Street NW	
		Washington DC 2000	6
		CITY A STATE A ZIP	CODE △

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Banks or Other Depositoric safety deposit boxes or maint Name of Bank, Depository, et	ains funds.	, holds accounts, rents
Mailing Address		
		TID CODE
	CITY A STATE A	ZIP CODE 🛆
Name of Any Connected C	Organization or Affiliated Committee	[ADDITIONAL]
T		,
Mailing Address		
		•
	CITY▲ STATE ▲	ZIP CODE 🛦
Relationship	CITY A STATE A	ZIP CODE 🛦
		ZIP CODE
Relationship Type of Connected Organiza		ZIP CODE A
	ation:	ZIP CODE A

Designated Agent		[ADDITIONAL]
Full Name		
Mailing Address		
Title or Position ♥	CITY A	
- The GIT Soliton		elephone number = =